

**McLaren Print System Order**

**Order No: 50155 Reprint Previous Order No: 32086**  
**Order Date: 2019-11-07**  
**User: STEPHANIE BENDER**  
**Phone: 231-487-7441**

**Ship Location: McLaren Rogers City Family Medicine**  
**573 N Bradley Hwy**  
**Rogers City, MI 49779**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 57510**  
**Dept Name: McLaren Rogers City Family Medicine**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MHC\_CC1108.7.7**  
**Item Description: Request for Confidential Communications Form**  
**Revision Date: 9/2017**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold: None**  
**Finish: None**  
**Drill: None**  
**Misc Info:**



**REQUEST FOR CONFIDENTIAL COMMUNICATIONS**

PATIENT NAME:	
PATIENT ADDRESS:	
TELEPHONE NUMBER:	
DATE OF BIRTH:	

I, \_\_\_\_\_, request that McLaren Health Care communicate with me in the following ways (check all that apply and provide detail):

<input type="checkbox"/> Phone:	
<input type="checkbox"/> Mail:	
<input type="checkbox"/> Email:	<small>* Note that sending patient information via e-mail may not be a secure means of communication.</small>

I am requesting that McLaren NOT contact me at the following phone number and/or address: \_\_\_\_\_

Please provide any additional information to avoid McLaren with the requested communication restriction: \_\_\_\_\_

Signature of requestor: _____	Date: _____
<small>Printed name of requestor:</small>	
_____	
<small>If requestor is a legal representative of patient, state the relationship to the patient or the nature of the legal authority.</small>	
_____	

Send completed form to:

**McLAREN HEALTH CARE PRIVACY OFFICER**  
**One McLaren Parkway, Grand Blanc, MI 48439**, or  
[Privacy@McLaren.org](mailto:Privacy@McLaren.org)